



Secretary of State
Statement of Information
 (Limited Liability Company)

17

LLC-12

FILED
 Secretary of State
 State of California

OCT 11 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - Face Page \$1.00 & .50 for each attachment page;
 Certification Fee - \$5.00

28/20/CC/2R 10/14/16

This Space For Office Use Only

1. Limited Liability Company Name
 TAG-2 MEDICAL INVESTMENT GROUP, LLC.

2. 12-Digit Secretary of State File Number
 201025910058

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

| | | | |
|--|-------------------------------------|-------------|-------------------|
| a. Street Address of Principal Office - Do not list a P.O. Box 328 S. FIRST STREET #D | City (no abbreviations) ALHAMBRA | State CA | Zip Code 91803 |
| b. Mailing Address of LLC, if different than Item 4a | City (no abbreviations) | State | Zip Code |
| c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1428 S. MARENGO AVENUE | City (no abbreviations) ALHAMBRA | State CA | Zip Code 91803 |

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

| | | | |
|---|-------------------------------------|------------------|-------------------|
| a. First Name, if an individual - Do not complete Item 5b THOMAS | Middle Name S. | Last Name LAM | Suffix |
| b. Entity Name - Do not complete Item 5a | | | |
| c. Address 328 S. FIRST STREET #E | City (no abbreviations) ALHAMBRA | State CA | Zip Code 91803 |

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

| | | | |
|---|-------------------------------------|------------------|-------------------|
| a. California Agent's First Name (if agent is not a corporation) THOMAS | Middle Name S. | Last Name LAM | Suffix |
| b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 328 S. FIRST STREET #D | City (no abbreviations) ALHAMBRA | State CA | Zip Code 91801 |
| c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b | | | |

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
 REAL ESTATE & HEALTH CARE SERVICES

8. Chief Executive Officer, if elected or appointed

| | | | |
|--------------------------------------|-------------------------------------|------------------|-------------------|
| a. First Name KENNETH | Middle Name T. | Last Name SIM | Suffix |
| b. Address 328 S. FIRST STREET #F | City (no abbreviations) ALHAMBRA | State CA | Zip Code 91803 |

9. The Information contained herein, including any attachments, is true and correct.

THOMAS S. LAM
 Date Type or Print Name of Person Completing the Form

TREASURER
 Title

Thomas Lam
 Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []
 Company: []
 Address: []
 City/State/Zip: []